

FIG. 1

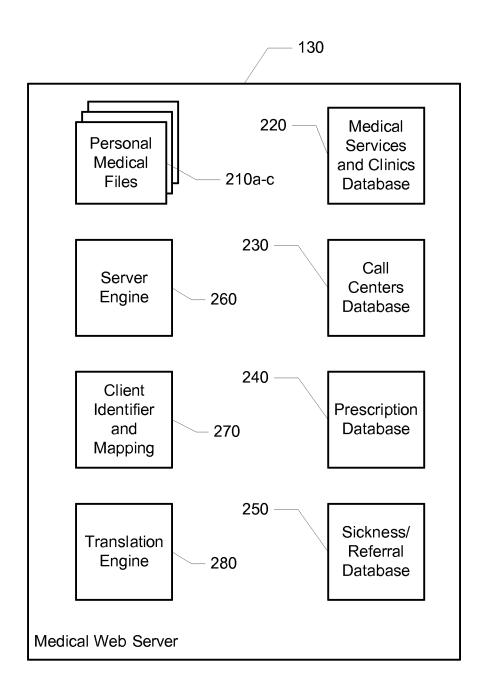


FIG. 2



— 310 Name: - 320 Date of Birth: **—** 330 Blood Type:______/ **- 340** Allergies:_____ - 350 Remarks: - 360 Web Address: - 370 User I.D. - 380 Emergency P.W._____ **Life Saving Article**

FIG. 3

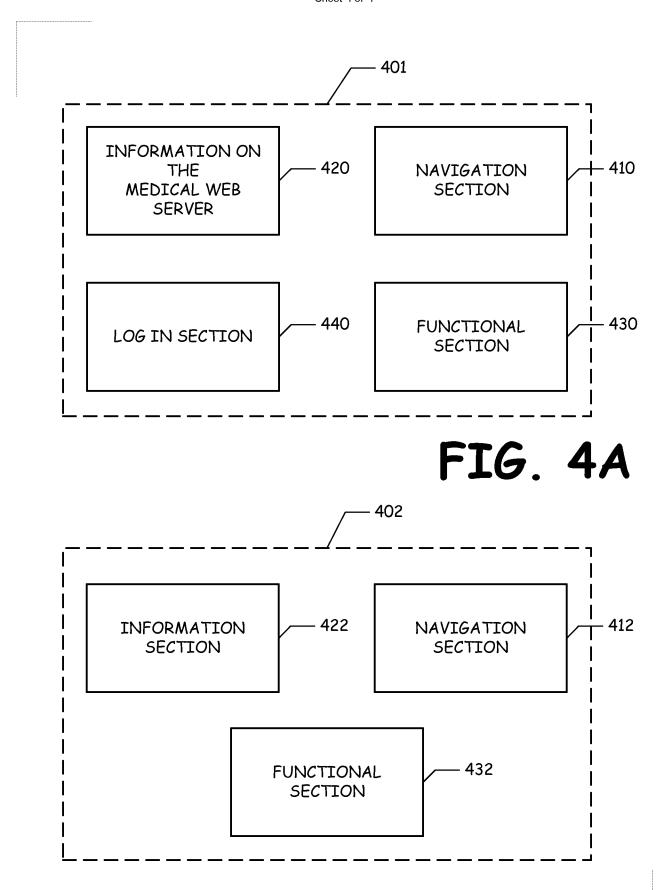


FIG. 4B

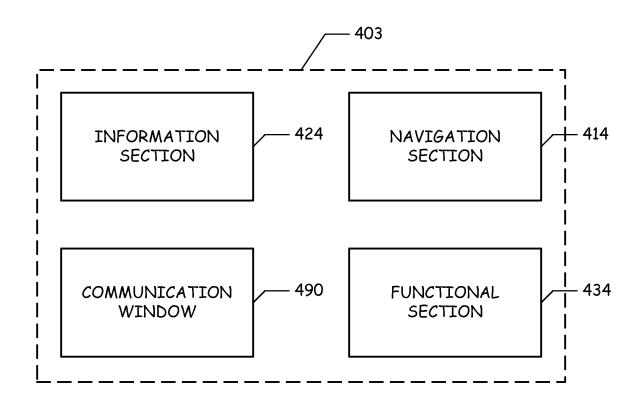


FIG. 4C

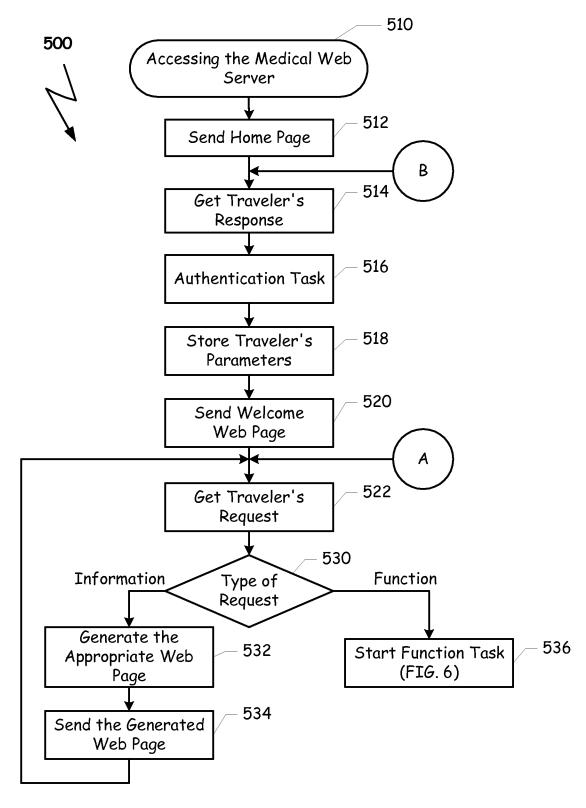


FIG. 5

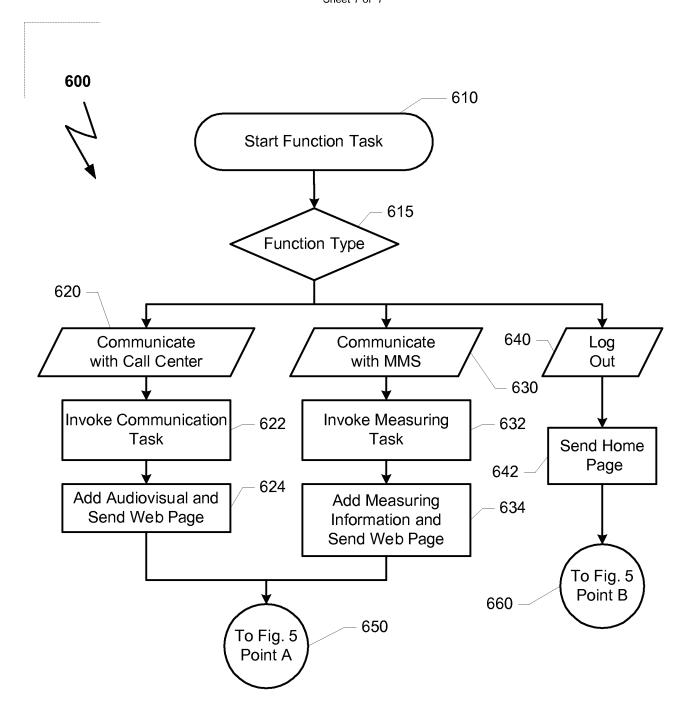


FIG. 6